

Soc. Sec. Number		Certifications / License
First Name		EMT (Y/N)
Last Name		Paramedic (Y/N)
Telephone Number	. ( )	(Y/N) Firefighter
Alternate Phone		Correctional Officer (Y/N)
		Driver License Class (A,B,C,D,E)
Address (Include Apt. & Building #)		
City		State Zip Code
NOTE: Miami-Dade County will use information concerning ethnicity, gender, age and disability for affirmative action purposes only, consistent with and pursuant to its obligation under federal law. Answers to these questions are voluntary.		
Ethnic Group	W White (Not of Hispanic origin)  B Black (Not of Hispanic origin)  H Hispanic  D Asian or Pacific Islander  E American Indian or Alaskan Native	Gender M Male F Female
Applicant's signature_		Date

Veterans preference may only be claimed using the long application form which is available on our web site: http://www.co.miami-dade.fl.us/emprel/adobeapp.pdf